City of SACRAMENTO * Credit Card Charge Authorization * & Automatic Payment Agreement

		& Automa	lic rayine	III Agree	ment		
NAME (As it Appears on Credit Card)							
BILLING ADDRES	S Street			City, State		Zip Code	
CONTACT	PHONE			EMAIL			
*Please provide yo	ur email for p	payment confirmations.					
		PAYMENT SE		JESTED: CH	HECK ONE		
🗌 New F	_	ant Validation Coup	odate Existing ons		I ☐ Mete Special Event Cou	er Reservations Ipons	
Parking Location	n or Facility	Name:					
Parking Accoun	t # or Gara	ge Access Card #		I	nvoice #:		
	I	For Special Events and M Attach add	leter Reservations				
Event Da	Date		Event Time(s)		Event Locatio	n	
Details Event Descrip	otion				- Production of Contract Contract		
			AUTHORIZA	TION			
Desired Start:	1	_/ Recurrin	g Amount: \$_		One Time Ch	arge: \$	
below. I understan Sacramento. I acce true and correct an to my credit card a	d that all aut pt that I will k d I acknowled ccount. I confi	omatic credit card ded be charged the current	uctions are proc prevailing rate f sibility to notify statement will se	essed through or the services the Parking Se erve as my rec	a third party vendor I requested. I declare rvices Division of any eipt for the above tra	credit card that I provided authorized by the City of the above information is changes to my services or nsaction.	
	IGNATOR	· E · <u> </u>			DATE.		
	rce #	CS Amt \$	Ent	ered Date:	Entered by	:	
must be mailed, f Mailing Ad City of Sac	axed, or phys dress: ramento, Pa	arking Services Divi	·	Customer S City of Sac	ers via EMAIL. Credit Service Office: ramento, Revenue t, Room 1214		
	ds Blvd, Se o, CA 95811 PHOI		FAX: (916) 80	Sacramento, CA 95814			
			CARD INFC		·		
	PLE	**This portion of the					

Check One:	🗌 Visa	MasterCard	Discover	American Express

Credit Card Number:	Credit	Card	Num	ber:
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